

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                         | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|------|
| <b>FEE DETERMINATION</b>         |          |        |      |
| <b>O.I.P.E. CLASSIFIER</b>       |          |        |      |
| <b>FORMALITY REVIEW</b>          |          |        |      |
| <b>RESPONSE FORMALITY REVIEW</b> |          |        |      |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

| Claim | Final | Original | Date |
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| 1     |       | ✓        |      |
| 2     |       | ✓        |      |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy